

Sawbones 502: A Couple of Boob Questions

Published July 2nd, 2024

[Listen here on mcelroy.family](https://mcelroy.family)

Clint: *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to *Sawbones*, a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Our kids have been fighting literally all day. [wheezes]

Sydnee: I know. Well, not just all day.

Justin: All life?

Sydnee: Well.

Justin: [wheezes] All life?

Sydnee: It's intensified since summer vacation started. I mean, they're around each other more, so that makes sense. They're also on weird sleep schedules now.

Justin: Yeah, 'cause of the theater as well.

Sydnee: I'm not a morning person. I don't like—

Justin: No, what?

Sydnee: I don't like having to get up at six AM to get the kids ready for school.

Justin: Mm-hmm.

Sydnee: I mean, I mean like I don't like— I hope I'm— I hope that makes sense. I wish school started later. I wish I could wake up later with my children.

Justin: 11 to seven.

Sydnee: 11. [chuckles]

Justin: Instead of nine to five.

Sydnee: Yes, I like getting my kids ready for school, I like that process, I like having kids. I don't like everything having to happen too early in the morning. I wish we could shift it.

Justin: You like having to?

Sydnee: Yeah, I do. But.

Justin: [chuckles]

Sydnee: We did shift it, everything is a little later, now that it's summer, and everyone's lost their minds.

Justin: Everyone's lost their dang minds.

Sydnee: Like that— the circadian rhythms. I mean I'm out of it, I'm foggy.

Justin: One of the— One of our kids started crying 'cause they couldn't find the remote, and dangnabbit, by the end of it, I was right there with 'em. I mean where was it, you know?

Sydnee: We don't wanna—

Justin: I get it.

Sydnee: We don't wanna revisit when one of the fish died.

Justin: Oh man, or when five of the fish died.

Sydnee: And we—

Justin: Dang, that was rough.

Sydnee: Oh, we— Man, we were really sobbing. It's—

Justin: It's been a—

Sydnee: — busy.

Justin: It's been a time, but I'm thrilled that we're here, Syd, 'cause here for one of my favorite kinds of eps.

Sydnee: Weird medical questions.

Justin: Yeah.

Sydnee: You know Char—

Justin: This is where we help. This is where we help, Syd.

Sydnee: This is where we help. Charlie wanted to come up with weird medical questions.

Justin: Oh yeah.

Sydnee: For me, for this episode. She said, "What if I just come up with them all?" and I said, "Well, that's not as exciting for the listeners, but did you have any specifically?" and she said, "I'm going to tell you a bunch of skincare brands, and I want you to tell me if they're real or not."

Justin: [laughs]

Sydnee: I said, "What do you mean if they're real? Like if they exist?" she said, "No, like are they— do they work," and I was like, "I don't think that would be..."

Justin: Yeah.

Sydnee: She did ask me a question which I guess is sort of our first question. Charlie, age nine. About skincare smoothies, which I thought was very interesting. Did you know that people—

Justin: Never heard that term.

Sydnee: People in TikTok are making up basically taking a bunch of their own skincare products and mixing them together—

Justin: Drink—

Sydnee: — to try to make a more superior—

Justin: To drink.

Sydnee: No, not to drink it.

Justin: It's a bad name then.

Sydnee: Yes.

Justin: A skincare smoothie sounds like something that you would drink—

Sydnee: So—

Justin: — and get better collagen, and elasticity. [chuckles]

Sydnee: If you Google this, there are those two.

Justin: Okay.

Sydnee: There are smoothies that— I mean they're— A lot of `em look like green drinks, and they're like, "This is great for your skin `cause it's got whatever in it," but there—

Justin: "Got so many dang vegetables in it, you wouldn't believe it."

Sydnee: [chuckles] There are also people who are like mixing moisturizers and, I don't know, all the various skincare products that people use. Obviously I don't have a lot of them.

Justin: Yeah.

Sydnee: And putting that on their face, as like a superior product.

Justin: Mm.

Sydnee: And I was trying to figure out like well is that better for you, and I— the answer— I was looking at all these dermatologists commenting on it, and they were all saying the same thing like, “I don’t know what’s in it. Like how do you want me to com— Like what did you put in it? It’s all just the stuff in your house.” [chuckles] Like—

Justin: Just makeup though? Like makeup and stuff? Or like—

Sydnee: No, it’s skincare products.

Justin: Like.

Sydnee: That they put on their face. Like instead of— I have— Okay. I have a moisturizer.

Justin: Okay.

Sydnee: I put it on at night. Instead of me just reaching in that jar of goop and slathering it on my face, I would take some of that jar, and then I would have a collection of other bottles and jars, and I would put that all together.

Justin: Like toners and creams and ton— and different—

Sydnee: And all the different serums, I guess, there’s serums.

Justin: Serums, there’s serums.

Sydnee: Mm-hmm.

Justin: I mean—

Sydnee: Mix it all together, putting that on.

Justin: I'm just glad to see the— I'm just glad to see hacking over there.

Sydnee: Well, I—

Justin: I'm glad you all are chopping it up and mixing it up.

Sydnee: I don't know that it is hacking, and I think that's the answer to the question finally, for Charlie's benefit and anyone else who's curious. It is almost impossible to comment on, "Is this better for my skin?" without knowing your skin type, and what the various [laughs] products you're putting together are.

It's— It's not possible to say. I would say that we probably, like most industries that are— exist in capitalist societies, where the point is to sell you things.

Justin: Mm.

Sydnee: Not to improve your life.

Justin: Mm.

Sydnee: But to sell you things that you think will improve your life.

Justin: Mm-hmm.

Sydnee: Which is an important distinction. There's probably a lot of snake oil out there. That's what I would say.

Justin: Okay, you ready to answer some questions?

Sydnee: Yeah, let's start on the first one.

Justin: This is actually, weirdly, ties in perfectly with the re-released episode that we did last week, so this seems very intentional, I love it.

"Hi Sydnee and Justin, when I eat chocolate, the cocoa permeates the roof of my mouth, tickles my nose, and makes me sneeze. It's almost every time, especially if it's dark chocolate. My mom has the same reaction. Is this genetic? Am I likely allergic to chocolate? Thanks, Sneezing in the South."

Sydnee: Well certainly if you have any sort of allergic symptoms after eating something, yes I guess an allergy's possible. Probably not. That's probably not what's happening because this is a known phenomenon, [chuckles] and it is called "dark chocolate sneezing."

Justin: No kidding.

Sydnee: It has a clever title. You got the dark chocolate sneezes.

Justin: [chuckles]

Sydnee: You have observed—

Justin: It's a thing.

Sydnee: — scientifically, exactly what this phenomenon is. We don't know exactly why, but we know— This is similar, and we've talked about this I think in another weird medical questions episode, photic sneezing.

Justin: Mm-hmm.

Sydnee: You walk into a brightly lit room, and you erupt into like a fit of sneezing.

Justin: Yeah. Yeah yeah.

Sydnee: If you've heard of this.

Justin: The—

Sydnee: Not everyone does it.

Justin: This is from the— I'm in the *Night Crawlers* episode.

Sydnee: Yes.

Justin: Of *Pete & Pete*, when she uses the— when they use the flashlight to stay awake, 'cause she shines it in her face and it makes her sneeze.

Sydnee: So some people have that reaction.

Justin: Yeah.

Sydnee: And it is genetic. Similarly, some people have a sneezing reaction—

Justin: She looks at the sun, she sneezes.

Sydnee: Yes, some people have a sneezing reaction to dark chocolate, some people have a sneezing reaction to like specifically spicy foods. Some people do to bitter foods.

Justin: Is that like pepper? Or is that a di— Is that just a... physical reaction?

Sydnee: That's a di— Yeah, that's a physical like irritation from, yeah. But no, this is a known thing, it is thought to be genetic, so it would make sense that your mom has the same reaction, and it is specifically tied to dark chocolate, although other chocolates can trigger it as well. Which makes me think it is the cocoa, right?

Justin: Mm-hmm.

Sydnee: Dark chocolate seems to be the biggest culprit. So I can't tell you exactly why, but we know that while most sneezing is the result of irritation of the inside of the nasal passageways, right? Like 'cause the function of sneezing is to clear them.

Justin: Right.

Sydnee: So it's irritated, you sneeze, everything blows out of them quickly, you clear them. There are other things in our brain that can trigger sneezing, like our light reflex, when we see bright light, and somehow the— Probably related to the smell of certain substances that are spicier or chocolate and all that.

Justin: Hmm. Good to know.

"My question is in regards to my husband's unconfirmed medical intuition. Five years ago he was diagnosed with testicular cancer. Luckily, it was caught in time, and they were able to remove the organ with no signs it

had spread. Two years later, he had a benign brain tumor, and by all the good fortune in the universe, it was removed without any problems.”

God, this is— These guys should talk to the Glaucomfleckems. It seems like they have similar medical history here, sheesh. It’s a tough road.

“Here is where my question comes into play. Since turning 40, I keep asking him to go to our doctor and begin to have regular, or is it annual, prostate exams as he is now at the age where this should be happening. However he insists that since he has quarterly scans for both of his prior conditions, that any prostate issues would show up on the scan. Is he actually correct about this?

If they’re scanning his pelvis, would they notice a problem in his prostate if one was presented? Is he some sort of armchair nurse. Thanks for everything, Mark.”

Now Mark, I wanna just say something real quick before Sydnee says it. I just wanna take a moment to remind everyone.

Sydnee: Mm-hmm.

Justin: That this show is not medical advice. You should probably talk to your primary care physician about this, and not a podcast. Which is the same way that people listen to Joe Rogan. I just want you to remind— That’s about the level we’re at, okay?

Sydnee: Ughhh.

Justin: I’m just kidding!

Sydnee: Please do not—

Justin: I was—

Sydnee: — put me on the level of Joe Rogan.

Justin: I was looking for— I just wanted to see your reaction.

Sydnee: Okay, no.

Justin: [giggles]

Sydnee: I was gonna say the same thing. I do— I can't— I never comment specifically on like, "Your issue, you should do this" on this show, because I can't do that, right?

I'm not your doctor, I am a doctor, but not your doctor, and I would always encourage people to go to their own medical professional who knows their history and their specific situation for the best advice possible not me.

That being said, I thought that this was a good way to talk about different kinds of scans and screenings, and what we can learn from different ones. Because there are, I think, common misconceptions about like, "If I routinely do this, you're looking for this."

This happens a lot in medicine, like, "Well I got labs, so surely you would've seen if that was wrong."

Justin: Right.

Sydnee: And it's like, "Oh well, we didn't check for that. Like not all—" You know. When it comes to scans, knowing what you mean by the word "scan" is part of why I couldn't give you advice. 'Cause there are ultrasounds that people call "scans."

Justin: Mm-hmm.

Sydnee: There are CT scans, that are often called "scans." There's MRIs, which are also of— also sometimes referred to as "scans." These all show different things, and while some of them might show like incidentally, is the prostate looking enlarged, other ones wouldn't pick that up.

Justin: Right, it's important to remember, I think, that these are all different types of technologies that are— They're not taking— It's not like we're taking pictures, right? The—

Sydnee: Mm-hmm.

Justin: They're reacting to different things, so the different set of activities—

Sydnee: The—

Justin: — different wavelengths, different like depths that these—

Sydnee: Are we looking at— looking for bone? Are we looking for fluid? Are we looking for soft tissue? What are we looking for? Because each scan is good at picking up something different. And then how did we do it? Did we put dye or some sort of contrast medium in there, because that would change what we're looking for too.

Justin: You know what it's just exactly like? It would be like if you were pregnant, and then someone did an ultrasound and they see a weird little baby in there. And then they did an x-ray, and they're like, "Oh crap! My baby's only bones!" right?

Sydnee: Sure, yeah.

Justin: It would be like— You would think—

Sydnee: That would be weird.

Justin: You would have an only bone baby—

Sydnee: An only bone baby.

Justin: — if you let that stand.

Sydnee: Right.

Justin: It wouldn't tell you that there's a whole rest of the baby in there.

Sydnee: [chuckles]

Justin: You know what I mean?

Sydnee: I thought that this was useful that— So first off I would say, if you're ever unsure, ask the questions—

Justin: I thought that there would be a lot more thorough nodding from you during that bit, Syd. I thought I really had something good there.

Sydnee: I don't think anybody out there's like, "I'm having a bone ba—" I don't wanna, never mind.

Justin: I just think the metaphor is the point. The met— You wouldn't do that, which is why—

Sydnee: [chuckles]

Justin: — you shouldn't assume that these scans would work the same way. This is what I'm saying.

Sydnee: But that's why I would ask, because—

Justin: Illustrate the difference between scans with a bone baby, it's very normal.

Sydnee: Well, because humans practice medicine, and we are fallible, of course.

Justin: Mm-hmm.

Sydnee: And so it's always important to ask if you have questions. Sometimes the answer is, "Oh, it's fine because of this, this, and this."

Justin: Right.

Sydnee: "And we had— We know what you're asking and we had that in mind, and don't worry." Other times the answer is "Well actually, what we're doing has nothing to do with that, and if you have concerns about that, let's talk about that. And maybe we do need to do something else."

So, you know, it's always important to ask those questions. I thought prostate exam is a good point to mention, because this is an area of medicine. When do we do prostate exams and how do we do them and all that.

Justin: Mm-hmm.

Sydnee: Has been an evolving area of medicine just in my career. So when I was trained, we did regular, usually annual, digital rectal exams,

meaning we would, exactly what that sounds like, put a finger into the rectum to feel the prostate.

Justin: It's not exactly what it sounds like. What it sounds like is that you would use a calculator, so it's not exactly what it sounds like.

Sydnee: Your fingers are your digits.

Justin: I know, but it sounds—

Sydnee: So digital.

Justin: You said it's exactly what it sounds like. It's not like—

Sydnee: Okay, well to me, I hear "digit"—

Justin: If it was—

Sydnee: — and I think finger.

Justin: If it was called "finger up the butt exam," that would be exactly what it sounds like. [wheezes]

Sydnee: Okay. Well it is that.

Justin: [laughs]

Sydnee: We used to do those, especially between the ages of like 55 and 70 was pretty standard.

Justin: Yeah.

Sydnee: Sometimes, depending on history or symptoms, we would pair it with something called a—

Justin: This—

Sydnee: — prostate-specific antigen blood test, PSA blood test.

Justin: To add a layman's note here, if this was established enough that you could almost like genetically age stand-up comics during this period.

Sydnee: Mm-hmm.

Justin: Because they would inevitably have a take on the doctor putting their finger in their butt.

Sydnee: "Got my first prostate exam."

Justin: "So I got my first prostate exam, folks."

Sydnee: Yeah.

Justin: "It finally happened." [chuckles]

Sydnee: But the thing is, that's changed. We don't— So what we found— Well, a couple of things. When we do these screening tests, it's important to know are we actually picking up what we're looking for? Are we picking up stuff that isn't what we're looking for? Are we doing too many unnecessary tests as a result? Like how effective is this as a screening tool?

Justin: Right.

Sydnee: What are the risks versus benefits?

Justin: Mm-hmm.

Sydnee: And what we found over time is that one, just feeling a prostate can only tell you so much, and experience has a lot to do with it. And even experience, you can feel a prostate and think a lot of different things, so the digital rectal exam is not great.

And even the PSA, the prostate-specific antigen blood test, isn't always great. And what we were doing is a lot of exams that led to a lot of biopsies and tests that were unnecessary, and those have risks to them.

Justin: Mm-hmm.

Sydnee: So the current recommendations from the United States Preventive Service Taskforce, from which we derive a lot of our like, "What do we do and when do we do it?" recommendations.

Justin: Mm-hmm.

Sydnee: Now says that between ages 55 and 70, it's grade C level evidence to do any prostate screening.

Justin: Mm.

Sydnee: Meaning we don't recommend for or against this.

Justin: Mm-hmm.

Sydnee: So that's very unhelpful. Most major medical organizations echo that. "We don't really recommend for or against prostate cancer screening, 'cause we don't know that it helps, we don't know that it hurts."

Justin: [exhales heavily]

Sydnee: After 70, it's actually a grade D level, which means don't do this. "We recommend—" Well, "We recommend you don't do this." Now, of course, there are— Every patient's different.

There are historical and symptomatic factors that might push us in a direction, absolutely, to do these exams. But generally speaking, regular prostate exams are not necessarily gonna be part of your life.

Justin: Oh, there you have it, stand-up comedians. Not only were they uncomfortable, but also unnecessary.

Sydnee: [giggles]

Justin: Your fears that there was really no point to this as you were getting probed were 100% grounded in reality. [chuckles]

Sydnee: I'll never forget, I'll never forget in medical school, so many years ago, as we were being trained on a plastic butt. They had a plastic butt model.

Justin: Yeah.

Sydnee: For us to practice prostate exams.

Justin: It's the same CPR dummy, right? They just put a buttole on it.

Sydnee: [chuckles] No. No, it's just a butt. There's no body. There's no anything. It's just a butt.

Justin: Why are we makin' so many different body parts for this?

Sydnee: Well, 'cause then—

Justin: Why not one fake person?

Sydnee: — you have a whole—

Justin: Yeah yeah.

Sydnee: What we had was a line of butts across the room so that a lot of students could do it all at the same time.

Justin: Right.

Sydnee: And they're small, so you could put the butts on the table and put your finger in 'em.

Justin: God, did anyone ever— I would give anything to see this.

Sydnee: But I'll still remember the moment when we were all trying. And the thing is like if you have shorter fingers, a prostate exam is harder to do.

Justin: Mm.

Sydnee: And specifically one student was having a lot of problems reaching the fake prostate in the fake butt. And so I remember them saying "It's the glove, the glove is getting in my way," and removing the glove.

Justin: Oh my god.

Sydnee: And sticking their bare finger in the fake butt. And I still remember our professor keeping an absolute straight face while saying “Well, you understand that’s not going to be an option in the real world, right?” [chuckles]

Justin: “Why does drinking—” Now, Diet Coke sounds like I was ragging on this person on Reddit. I am not suggesting that. I’m saying— I don’t think you’re on copium, I don’t think you’re drinking Diet Coke. That’s the— When you’re in an internet argument, sometimes people say that you’re coping.

Sydnee: Oh, okay.

Justin: So you say you’re on copium.

Sydnee: Okay.

Justin: It was a big thing during the stock days, when— the heady stock days, when everyone was trying to compartmentalize their large losses. [chuckles] “Why does drinking Diet Coke help with my nausea? I sometimes get nausea due to my—” Am I saying that right?

Sydnee: Nausea.

Justin: Is it nausea? Nausea? Okay. “— nausea due to my cycle and found myself craving a Diet Coke, and it helps with my nausea. I had already had coffee, so it wasn’t a caffeine dependency thing, and I have been out of the Diet Coke habit for a bit, so I don’t think it was that either.”

Sydnee: These are—

Justin: “Was it the carbonation?”

Sydnee: These question— It didn’t have a name on it.

Justin: Oh.

Sydnee: So I didn’t wanna list their email handle, that seems inappropriate.

Justin: Seems weird, yeah.

Sydnee: So that is why I'm sorry if you were the one that sent in this question, that is why you are unnamed is you didn't— I didn't know if you wanted to be named. Okay, this is interesting. Studies have not shown that soda actually does help with nausea.

Justin: [mildly surprised] Really?

Sydnee: This is— Now this is commonly practiced though, right?

Justin: 100%.

Sydnee: I have done that, and like the thought was is it the carbonation altering the pH of your stomach that relieves your nausea. This has been— I've— I saw that actually quoted by some medical professionals on the internet.

Justin: Okay.

Sydnee: But studies did not support that drinking a carbonated beverage actually eased nausea. So even if it does anecdotally for you, I don't have a reason that it does for the masses, because studies tell me it doesn't for the ma—

I know. I know. I have done the same thing and I have experienced this relief of nausea. Ginger ale, yes. There is some scientific evidence to suggest that ginger in ginger ale does, and of course ginger ale is also carbonated. Generally speaking, caffeine is thought to be bad for nausea.

Justin: Mm-hmm.

Sydnee: It's thought to be more irritating, and not a good thing to drink when you're nauseous, anything creating— anything containing more caffeine.

Justin: Okay.

Sydnee: But I thought this was really in— I don't know why a carbonated drink would help you with— Maybe— [chuckles] Somebody suggested that it makes you burp, and that in— and that relieves pressure. Like if

you have pressure in your stomach and then you burp, it relieves the pressure.

Justin: [chuckles] I mean.

Sydnee: But it made you— it put the pressure in there.

Justin: Yeah, it's in there.

Sydnee: It's gas, so. So there you go, I have no idea, but I would concur, for me it's Dr. Pepper, that when I'm a little nauseous, Diet Dr. Pepper. So maybe it's the sweet.

Justin: Who knows.

Sydnee: Sugar, or something like sugar, fake sugar. Sweetness we know is a mild analgesic.

Justin: Right.

Sydnee: It mildly alleviates pain, creates a little bit of like it's not euphoria, but a good feeling, right?

Justin: Right.

Sydnee: Maybe this is all just it tastes good, it feels good, we like it, we associate it with the alleviate— alleviating nausea in the past, maybe when we were kids.

Justin: Oh.

Sydnee: And it's a little placebo, is what I'm sayin'.

Justin: Sweet also though, couldn't it be starting like digestive processes? Like the sweetness in the drinks—

Sydnee: This is a thought too.

Justin: — is— starts your body.

Sydnee: Mm-hmm.

Justin: Like, “Oh, we gotta break down some sugar, let’s get it goin’.”

Sydnee: This is the thought too, it gives your stomach and small intestine something to do with the sugar.

Justin: Yeah.

Sydnee: So. Yes, this is also a thought process, but I don’t—

Justin: God, I wish just once—

Sydnee: I don’t have a study to support this.

Justin: I wish just once I could say something like that, and you’re like, “Actually, that’s a medical hypothesis that a lot of scientists are talking about,” and you could just seem like the slightest bit impressed. Just like a little. I don’t need you to keep stickers back there, but like... it wouldn’t kill you.

Sydnee: Okay, Justin, well you go to your pity party.

Justin: [chuckles]

Sydnee: I’m gonna take us to the Billing Department. [chuckles]

Justin: Let’s go.

[transition theme music plays]

[ad break]

Justin: “Syd, did you see the lady on TikTok that made cinnamon rolls with your yeasted—” [pause]

Sydnee: [chuckles] Do you see the last line of this question?

Justin: “— cinnamon rolls with her yeast infection, and then her husband got thrush?” I’m genuinely gonna throw up. [chuckles] Give me a second, okay.

Sydnee: “Why would the baking of the cinnamon rolls not kill the yeast? To be honest, mostly just asking to hear Justin’s reaction.”

Justin: [coughs]

Sydnee: Well you got it.

Justin: That sucks.

Sydnee: Yeah.

Justin: That sucks worse than anything we’ve ever—

Sydnee: There’s Justin’s reaction.

Justin: The perversion of cinnamon rolls in it makes me wanna cry.

Sydnee: I—

Justin: To bring cinnamon rolls into thi— Cinnamon rolls?!

Sydnee: Here—

Justin: Into this?!

Sydnee: Okay. I have destroyed my algorithms for you all, our beloved listening audience, so many times, and happily done so. Like done it with aplomb because it— because I am so devoted. [chuckles]

Justin: Yes.

Sydnee: To this show. I will not look up this TikTok, I won’t do it.

Justin: Don’t do it.

Sydnee: I won’t search it.

Justin: Don’t do it.

Sydnee: I won’t, I won’t do that to my TikTok.

Justin: No.

Sydnee: I love my TikTok, I've curated it, I destroy it routinely for the show, and then I bring it back, I pull the algorithm back.

Justin: Yeah.

Sydnee: To gardening and... I don't know.

Justin: Chappell Roan songs.

Sydnee: Chappell Roan songs, and gardening.

Justin: Gardening.

Sydnee: And... anyway, it doesn't matter. The point is I will not look this up, but here's what I'm gonna say. There's no way this is real. There's no way, there's no way.

Whatever this person says they did, or tried to show that they did, I do not buy it. I do not buy it. It would not— Ye— Of course, like yes, when you bake with yeast, you kill the yeast. Initially you don't, right?

Justin: Right.

Sydnee: 'Cause that— It makes the dough rise.

Justin: Yes, the yeast—

Sydnee: Right, so initially.

Justin: Yeast eats the sugar, it poops out gas.

Sydnee: It poop—

Justin: Gas make fluffy bread.

Sydnee: Yeah, and then you get the fluffy bread, but then you put it in an oven.

Justin: And it's dead as disco, baby.

Sydnee: Yeah. And the temperature gets real high and it dies.

Justin: Every piece of bread is a yeast graveyard.

Sydnee: Yes, so that did not— it— nobody got thrush from eating it.

Justin: That is true.

Sydnee: And also you didn't do this, you didn't do— you didn't— You didn't do it. I don't believe it.

Justin: Good for you, Syd.

Sydnee: I don't believe it.

Justin: Myth busted. [chuckles]

Sydnee: There is live yeast in... the vaginal secretions that may happen with a yeast infection, right?

Justin: Yes.

Sydnee: Like that— There is yeast in there.

Justin: Yeah, kinda.

Sydnee: It's a different kind of yeast.

Justin: I—

Sydnee: But I mean it does eat sugar and poop out gas.

Justin: I will also say this. Yeast can bloom at— it's ideally gonna bloom at a temperature of around 105, 110. That's like the neighborhood, right?

Sydnee: Right.

Justin: But if you're doing cinnamon rolls, those are extremely dense. And I could see if you underbaked them, this is why baking them, temperature is so important, 'cause if you underbaked 'em, it is not

implausible that there would be a part of the dough that has not exceeded 110 degrees.

Sydnee: I just am not—

Justin: Like that has not exceeded the temperature needed to ki— 110 wouldn't even kill `em, but like—

Sydnee: I have a lot of trouble believing any part of this story. I don't— Like that you would—

Justin: I'm just representing a baking perspective.

Sydnee: I know.

Justin: That's it.

Sydnee: Because there's also like, so for those of us that have vaginas.

Justin: Oh, you're gonna talk about it more.

Sydnee: There's also natural flora that exist there.

Justin: I felt like we can move past it.

Sydnee: Like there is bacterial flora that is not bad or gross or dangerous, but you don't necessarily want to put in baked goods. So that's there too.

In addition to if you did indeed have a yeast infection and you put that in there. I'm not gonna deny that like is it possible if you isolated yeast from the secretions, and then you put that in sugar and warm water and did the blooming and all that stuff.

Justin: It's nonsense.

Sydnee: Could you create some gas.

Justin: You didn't eat it. There's no way you could curate it. I don't think you could.

Sydnee: It's possible, but I have so many problems with all that. And again, Justin in your sort of theory here, Justin. If you do under bake it and so it is still cool enough that the yeast would be alive, and then you ate it.

In order to get thrush, typically. Typically, and this isn't always the case, you need to have had some sort of like immuno-suppression in your mouth, usually.

Justin: Mm-hmm.

Sydnee: So like the most common reason, especially as adults, that we see thrush, either immuno-compromised due to meds or some sort of, you know, process. Also if you use like steroid inhalers and you don't rinse your mouth out, because then the steroids allow the yeast to flourish.

Justin: Okay, well I'm gonna cut you off here, because we're— we gotta answer more questions.

Sydnee: I'm saying I do not buy it.

Justin: Okay. "Is MRSA as scary as everyone makes it out to be? I get that it can be very bad and there are different strains, but I honestly expected MRSA to be a bigger deal than it is. My elderly, immuno-compromised dog had a spot of MRSA and the doggy dermatologist was like 'It's basically not a risk to you 'cause you're a healthy adult with a functioning immune system.'"

Sydnee: So I thought this was good to talk about MRSA because I think a lot of people— There's always this mythology around MRSA. So M-R-S-A. Some doctors really don't like when you call it MRSA, I don't really care. Any— It's hel— It's a helpful abbreviation.

Justin: People are weird.

Sydnee: I don't really mind. Methicillin-resistant Staphylococcus aureus is what that stands for.

Justin: [claps] Good job, Syd.

Sydnee: Well no, I'm just telling you so you know.

Justin: I'm just showing you what it would be like to have a supportive partner.

Sydnee: Oh.

Justin: [chuckles] That was proud of you.

Sydnee: You're really making this show hostile.

Justin: No, it's just kidding.

Sydnee: Well, I mean.

Justin: It's just for jokes.

Sydnee: Okay.

Justin: Aw, see. You're making kissy faces at me now—

Sydnee: Mm. [chuckles]

Justin: — so I know that you're laughing.

Sydnee: We need to talk about Methicillin-resistant *Staphylococcus aureus*.

Justin: Do you mean MRSA?

Sydnee: MRSA. It is just a strain of staph aureus, which we know causes a— can cause infections. It's on us, it's all over us anyway. Like staph is on us naturally, but if it gets in a cut or a wound of some sort, a scratch, it can cause an infection. That infection usually, with staph, will look like what is colloquilly— colloquially, I hate that word, colloq—

Justin: It is— It's a tough word.

Sydnee: Or commonly called. [chuckles]

Justin: It always sounds like you're eating the word.

Sydnee: I know.

Justin: Like it got stuck in your— [with a throatier pronunciation]
“Colloquially.”

Sydnee: “Colloquially.”

Justin: [garbled] “Colloquial.” [wheezes]

Sydnee: What is called a boil. If you’ve heard— I mean what you might call a boil, what I might call a furuncle. I never use that term though. Abscess. Abscess is more frequently known.

Justin: Furuncle is the worst.

Sydnee: Furuncle’s rough.

Justin: It’s the— It’s— Bezo—

Sydnee: Caruncle—

Justin: Bezoar may be a worse word in your field.

Sydnee: Mm-hmm. Furuncle is up there.

Justin: Bezoar is really bad. Furuncle is bad.

Sydnee: Either way, it’s a little pocket of infection, that’s usually what a staph infection looks like. It can look like cellulitis, like red hot skin, that’s sometimes strep though. But anyway, the point is you can get staph infections that aren’t MRSA, they’re just staph. If that staph cannot be killed by methicillin.

Justin: Mm-hmm.

Sydnee: So methicillin-resistant staph.

Justin: Yeah.

Sydnee: Then it’s MRSA.

Justin: Right.

Sydnee: That doesn't make the staph inherently scarier or more dangerous.

Justin: It's just treatability.

Sydnee: It just means that the list of antibiotics I can use to treat your staph just got a lot shorter.

Justin: Okay.

Sydnee: That is the— Like if there's a scary part of MRSA, that is the scary part of MRSA, is that if you're trying to treat it with the wrong antibiotic and it's MRSA, it's not gonna get better, it'll get worse.

And any infection, if left untreated, has the possibility. They don't always, right? Like people didn't die of every infection before antibiotics, some people got better.

But the chances that it could then go to your bloodstream, or then go to other major organs, or cause major, you know, could cause sepsis, could cause severe illness, even death, go up if you're treating it with the wrong antibiotic, obviously.

Justin: Oh okay, got it.

Sydnee: So that is why MRSA gets scary is that you've got to allow for the possibility of MRSA when you choose your antibiotics.

I will tell you that in the medicine I practice in my patient population, and especially working in a hospital, and in the sort of patients I see with the kind of underlying illnesses I deal with, I allow for the possibility that there is going to be MRSA almost always.

I am constantly aware of that when I choose antibiotics. Your local docs probably know— I mean MRSA used to be something we only saw in hospitals. It's out in the community now. We see it commonly out in the world.

I often will choose antibiotics that will also cover MRSA, basic staph and MRSA. So that's what's scary about MRSA, it— Yeah, if you are a healthy adult with a functioning immune system, you should still be worried about infections.

Justin: Yeah.

Sydnee: You know, infections can be serious in people with functional immune systems as well. Certainly more serious in people who have some sort of immune problem.

Justin: Right.

Sydnee: But no, you should go get treated and your local medical professional should know the rates of MRSA in the community, and their sensitivities.

Justin: “Why does saliva get thicker while exercising? Spitting is gross, but even I do it when I go jogging because it's uncomfortable not to.”

Sydnee: That's from Lauren.

Justin: Thanks Lauren.

Sydnee: So I thought this was really interesting. I looked it up and absolutely, not only do we know that you salivate more when you're exercising, [chuckles] we've measured it. The stuff— The level—

And I think it's because of like the concern for like supporting and promoting high performance athletes. The kinds of stuff we know about exercise physiology, changes in the human body, and I mean it always amazes me. Like if you wanna look where like the most precise answer to your questions are gonna be in medicine.

Justin: Mm-hmm.

Sydnee: If it has to do with working out, you're gonna find some really precise answers. It's fascinating to me, always.

Justin: Yeah, we have—

Sydnee: Like if it gets into sports medicine.

Justin: Yeah. Oh yeah, we're on that.

Sydnee: Yeah, you get so technical with those answers. [chuckles]

Justin: Make up medicine, you gotta do that in your garage or whatever, but yeah, sports medicine we've got machines for that.

Sydnee: There's some—

Justin: A lot of machines.

Sydnee: There's some fields of medicine, like for instance, if it has to do with the uterus or ovaries, we don't know. [chuckles]

Justin: Yeah.

Sydnee: We don't know, we're figuring it out. But if it has to do with sports, man we got an answer.

Justin: "We painted the waiting room pink, what more do you want?!"

Sydnee: In healthy individuals, unstimulated saliva is secreted at rest at the rate of 0.3 to 0.65 milliliters per minute. When you exercise, it goes up to 0.78 to 0.94 milliliters per minute.

Justin: That makes perfect biological sense to me.

Sydnee: There you go.

Justin: You lubricate your airways, and you'll get more saliva goin'.

Sydnee: Our thought is that you're warming air as it comes in, which needs humidity, which means you increase saliva production. It also has to do—

Justin: That's mine.

Sydnee: Yeah, there are a lot of— Hey, very smart, very smart. There are a lot of reasons but yes, we do increase our saliva production

naturally, and then the other thing is, I thought this was really weird, not only do you— If you've noticed, after you exercise, you might have like a thick feeling in your mouth. It's almost like dry mouth, right?

Justin: Yeah.

Sydnee: Like you've been salivating more, but then afterwards—

Justin: Yeah.

Sydnee: — you feel more like dried it. That is because we also release mucin MUC5B, which increase the viscosity of your saliva—

Justin: Yeah.

Sydnee: — while you're exercising, and especially like in that rest and recovery period. So you'll have all this extra saliva, and then it gets super thick in your mouth, so your mouth'll feel dry. It's not really dry, it's just viscous.

Justin: And that's your body telling you that it's time to slam some Prime.

Sydnee: Mm-hmm.

Justin: That's your body's way of telling you it needs Prime.

Sydnee: Justin, we got a couple boob questions.

Justin: Okay.

Sydnee: These are kind of— These are kinda tied, these two boob questions.

Justin: Okay. Well, let me answer them.

"Can working out actually increase your breast size? When I was younger, I had very small breasts, and people (mostly boys) would tell me to do push up to make them bigger. That never made sense to me though. If our breasts are mostly fat, wouldn't working out make them get smaller?"

Sydnee: And then we'll also do the next question.

Justin: Should I read the next question?

Sydnee: Yeah.

Justin: "Is wearing bras actually important for people with breasts? My mom told me that her mom would sleep with a bra on to prevent sagging, but other women say constantly wearing a bra prevents you from developing the muscles [chuckles] to hold them up on your own.

I stopped wearing a bra four years ago and honestly haven't noticed any difference, but I'm also pretty young (under 30). I feel like this is an area with a lot of misinformation and contradicting information.

Thanks for the awesome podcast, and everything y'all do to correct the pseudo-science. I really admire you, Morgan."

Sydnee: I think— I wanted to tie these toge— Well first off, Morgan asked both these questions, but also because there's so much misinformation about boobs, and especially when you're young. If you are a boob haver when you're young and you're trying to read about—

If you have concerns about the size of your boobs, which many of us may have. We— There's so much out there to tell you stuff that is all predicated on the belief that there is a perfect way that boobs are supposed to look, right?

Justin: Mm-hmm.

Sydnee: And that we should all be desiring to have boobs that look a certain way. I think that's underneath all of that advice is that supposition.

Justin: Right.

Sydnee: If you let go of the idea that boobs are supposed— "supposed to" quote unquote look any certain way, none of it really matters, none of it is helpful, right?

Justin: Right.

Sydnee: 'Cause why are we trying to keep our boobs this size or that size, or saggy or not saggy. Why does any of it matter? It's all aesthetics. It just depends on what you like and what you prefer. I will say that working out does not increase your breast size.

It doesn't necessarily make your breasts smaller or larger, either direction, toning muscle. A lot of it has to do with like fat tissue, especially when you're younger, breasts are mainly made of like a dense glandular tissue, and then when you get older it's replaced by a lot of fat tissue.

Justin: More fat, yeah.

Sydnee: And so if you are losing fat, you can— your breast size can go down.

Justin: 'Kay.

Sydnee: And if you are gaining fat, your breast size could go up.

Justin: Mm-hmm.

Sydnee: But that isn't necessarily tied to working out. Does that make sense? I'm making the distinction of like there's fat loss and fat gain, and then there's working out, and these are— they're separate things, right?

Justin: Yeah, these are— they're separate things, yeah.

Sydnee: So like no, I would— And so any exercises that anybody is ever telling like, "Do this exercise to make your boobs bigger."

Justin: Doesn't make sense.

Sydnee: That doesn't make any sense.

Justin: Yeah.

Sydnee: And then the bra thing. Man, that's another area where like there have actually been— There's been some research to look— Gosh, this feels so... typical.

Justin: Sowwy. [chuckles]

Sydnee: There's been some research to see does wearing bras ma— [chuckles] make your boobs saggy or not?

Justin: Get it?

Sydnee: Or can it [chuckles] protect your boobs from getting saggy or not? Which like who cares if your boobs are saggy!

Justin: I know who cares—

Sydnee: Who cares?

Justin: I know and you know, and it's the people funding the research, Sydnee. It's the people— It's the weirdos in lab coats who are like, "This is important work I'm doing."

Sydnee: It makes me so mad. 'Cause you know what? I have had two children, and I breastfed them both.

Justin: Me too.

Sydnee: So you figure out if my boobs are saggy or not, you can guess, and I don't care. And I'm not gonna share it with you 'cause it's none of your business.

Justin: And I'm remaining completely stationary. Absolutely frozen in absolute terror.

Sydnee: There is some thought that because— So there are ligaments, called "Cooper's ligaments," that hold up the breast tissue, that support the breast tissue.

Justin: [yawns] Don't tell her that. Please, don't tell her that.

Sydnee: Oh, I said—

Justin: Or it'll be all she wants to talk about.

Sydnee: I—

Justin: It'll be all she talks about. If you tell her that, it'll be all she talks about to anybody who'll listen.

Sydnee: I won't tell her that. Famously, in med school, I remember being told that they were called "Cooper's droopers." Because as they lengthen as you get older and your boobs sag, you're drooping. That's great. I was told that in med school, that's great, isn't it.

Justin: Yeah. That's cool.

Sydnee: That was good for me. There is— We don't know if wearing a bra really affects whether or not— There were some studies that suggested wearing a bra might help support those ligaments as you get older, and so it would help prevent sagging.

Then there was a study that suggested actually, wearing a bra made you more likely to have sagging breasts, and that you shouldn't wear a bra and that it would reduce sagging, but that's been called into question too. So I think the point is it doesn't really matter. Wear a bra if you wanna wear a bra, don't wear a bra if you don't wanna wear a bra.

I do think there is a point where, not in concern for sagging, but like for back pain or shoulder pain, if you have very large breasts and you don't wear a bra, you might— Like it depends on the phys— like the physics of that, like mechanically you might start to get— develop some pain in your upper back.

That has nothing to do with breast sagging though, I— these are two different issues, so I'm— When I say "you don't ever have to wear a bra," there are some people who need to wear bras to reduce like strain on their upper back.

Justin: Okay.

Sydnee: But this has nothing to do with the aesthetic appearance of breasts.

Justin: Okay.

Sydnee: Does that make sense?

Justin: That makes sense. Can we do two more quick ones, Syd?

Sydnee: If you want to.

Justin: I think these'll be easy for you. Okay. "I'm a fight choreographer and I've choreographed fights on stage that end with a throat cut, but a friend recently brought up that tracheotomies are a thing, so in theory, someone could have the front of their throat slit without that necessarily being fatal." They're basically wanting to know if that's possible.

Sydnee: Uh.

Justin: Could you survive a slit throat?

Sydnee: It depends on what you hit. There's— I hate— As a med— As someone who had to study medicine and learn— and be tested on medicine, I hate the neck. There's so much stuff in the neck.

Justin: Oh yeah.

Sydnee: There's just like a ton of stuff in there, and it's important.

Justin: Stuff.

Sydnee: Important stuff in the neck.

Justin: Yeah, necessary.

Sydnee: When we do a tracheotomy, which I don't personally do. [chuckles] That's not— I do a lot of stuff, I don't personally do those.

Justin: That's your windpipe, right?

Sydnee: Yes, we're cutting into, yes, the tube that connects your upper— your mouth, your upper airway, with your lungs, right?

Justin: This ha—

Sydnee: We can—

Justin: You know what I'll say? This is how crazy the neck is, that sometimes stuff in your own body goes down the wrong, different tube that you have in the same place. That's wild.

Sydnee: Yeah, there's an esophagus.

Justin: The body messes it up sometimes, they're like, "Oop! Not there, crap!"

Sydnee: [chuckles]

Justin: "This is so confusing in here."

Sydnee: The trachea's the air tube, the esophagus is the food tube. When we do a tracheotomy, what we're saying is—

Justin: And the TV's the boob tube.

Sydnee: [chuckles] There's some sort of blockage like above the neck, where air can't get through, so putting a tube down your throat, and like swelling or trauma or something can cause this, putting a tube down your throat like we usually do to intubate somebody and to help them breathe isn't gonna work, so we have to bypass the mouth area, and stick a tube directly into the windpipe in your neck.

Justin: Hmm.

Sydnee: To get air down into your lungs, to help you breathe.

Justin: Mm-hmm.

Sydnee: You— Famously, George Clooney did that with a pen on *ER*, right? Like that's what everybody always thinks of. When we're doing that procedure, [chuckles] not like George Clooney did, but like actually in a controlled environment with proper equipment, you are making a very precise, small incision directly into your trachea, at one— like there is a location.

We know— We are taught exactly where to make that incision, it's small, it's localized, we're not hitting anything else, right? That's why you can

survive that. If you are randomly slashed in the throat, who knows what you hit.

So first of all, if you sever someone's trachea completely and you're not putting a tube down into their lungs to help them breathe, they'll stop breathing.

Justin: Okay.

Sydnee: So you couldn't survive that. If you hit the major vessels in the neck, you could bleed to death very quickly.

Justin: So your answer is it depends.

Sydnee: It depends on what you hit. If it's very, very superficial and you can get immediate medical attention... yeah you could. But if you hit especially like your carotids.

Justin: Yeah. [sighs]

Sydnee: That's not a good situation. And I mean of course if you sever the trachea, that's not— I mean again, unless you got EMS standing right there, that's gonna be a rough one. So no, no, there— You could not, generally speaking, I would say that's a fatal injury. Generally. Generally.

Justin: Might I also recommend though, sometimes characters working things out can be also very powerful.

Sydnee: I've been having to—

Justin: Just talking through it and deciding like, "No-one needs to die tonight, let's work through it."

Sydnee: That's true. You say that to me, but you were teaching me how to do a stage punch just last night.

Justin: Punching is not stabbing in the throat.

Sydnee: No.

Justin: I don't think that you should— when your boyfriend in *Escape to Margaritaville* upsets you, I don't think that you should stab him in the throat and murder him.

Sydnee: I don't stab him in the throat, I toss you—

Justin: In cold blood.

Sydnee: I toss you my cheeseburger, and I punch him in the face.

Justin: Yeah.

Sydnee: I do get to pretend to punch someone in the face.

Justin: Okay, "My doctor and I decided I should stop taking one of my migraine-preventative medications because it doesn't seem to be preventing migraines. He wants me to gradually decrease my does, rather than stopping all at once." So basically, this— the question is why do we step down on a dose of medicine that isn't working?

Sydnee: You know, I'd never really thought about this, that it would make sense, if the medicine isn't doing the thing that you thought it would do.

Justin: To stop it.

Sydnee: Like well, then the— a person would think like, "Well, it's not doing anything, so how— why would I need to?"

Justin: Right.

Sydnee: So I think that even if something is chemically doing something in your body, especially when it comes to— I mean medicines where there's a little more trial and error.

Amitriptyline, the one that you mentioned, is actually— So we do use it to prevent migraines. We also have used it as an anti-depressant, historically. Because it stops the reuptake of serotonin and epinephrine, or norepinephrine, excuse me.

Justin: Nora Efron or something.

Sydnee: [chuckles] Nowadays, a lot of the anti-depressants we use just stop the reuptake of serotonin, selective serotonin reuptake inhibitors, SSRIs, you may have heard of that before.

Justin: Yeah.

Sydnee: This is SSNRI, serotonin and norepinephrine, so it increased the amount of these neurotransmitters at the receptors in your brain, okay? The— It's doing that, even if it's not having the symptomatic relief of your migraines.

Justin: Mm-hmm.

Sydnee: It is still having that chemical effect in your body.

Justin: Mm-hmm.

Sydnee: Or at least we would assume it would be. How that translates into pain, mood, energy, all of the other things that we want these medicines to do is very different from patient to patient. So that's why we do need to wean you off of them, even if it's not helping you in the way that we thought the medicine would help you, it's still chemically doing something in your body.

Justin: Mm-hmm.

Sydnee: It's just that there's— It's not a straight one to one. This chemical change always equals this symptoms relief for every patient, everywhere, period. We know that humans are more complex than that.

Justin: Sure.

Sydnee: So it is not considered, and this is true for all these medicines like this in this class, this is not considered withdrawal, technically. Like we would with like benzodiazepines, like diazepam or medicines like that. Opiates, medicines, you know, that are narcotics, those have withdrawal symptoms that can be quite severe.

Justin: Mm-hmm.

Sydnee: And it— with some medications, even fatal. With these medications, we usually don't think of it as a withdrawal syndrome, and the mainly— the main reason we distinguish it is because it is not dangerous as much as it is very... The symptoms can be quite severe.

Justin: Mm-hmm.

Sydnee: And it can make you feel very bad. So we usually call 'em like a discontinuation syndrome.

Justin: Okay.

Sydnee: It's kinda semantics just to clarify like, "This isn't as dangerous as going cold turkey off of a benzo would be."

Justin: Okay.

Sydnee: Or stopping drinking cold turkey would be. But it is important that you wean off them 'cause you can feel really lousy while you're going off them if you just go cold turkey, and it might disrupt your life, and your work or your play or your relaxation, or your family, or whatever else.

Or you know, just yourself. You might feel really bad. So even if you're not getting the effect from the medicine you would expect to, it's still doing something chemically, and so you do need to wean off it if your doctor recommends that.

Justin: Good to know. Hey folks, thank you so much for listening. We hope you've enjoyed yourself. Hey, if you don't have any plans this weekend of next and you wanna have a good time with your pals Justin and Sydnee.

Come on out to the Greater Park Amphitheater at eight:30pm the show starts, and we're gonna be doin' *Escape to Margaritaville*. If you go to H-A-R-Tofwv.org/tickets, you can get tickets to it. Come see us in Margaritaville, we are in the show, we are in love.

Sydnee: It is a Jimmy Buffett musical, so it's—

Justin: It's a Jimmy Buffett musical.

Sydnee: If you're a Jimmy Buffett fan, it's a bunch of Jimmy Buffett songs.

Justin: It's gonna be— Y'all, it's gonna be wild. There's a plane, it's a wild show.

Sydnee: I dance with cheeseburgers. It is an outdoor amphitheater, so if you do come, bring chairs or blankets.

Justin: Yes.

Sydnee: Feel free to bring picnic baskets, or drinks, or whatever, you know.

Justin: Yeah. Uh, and there's also a VIP thing where you can get in early, I think, and do some karaoke. It's hartofwv.org/vip.

Sydnee: Mm-hmm, there's like margaritas and karaoke early. And it said for a while on the website that those were sold out, and that was like an error, but they are not sold out.

Justin: Yeah, it's a lot of fun, and if you can come out, then we would love to see you, so.

Sydnee: I should clarify too, we're just in it, and we would like people to come see it 'cause we're in it. We don't— We're not— We don't make money off of this production.

Justin: Yes, no this is like— Yeah.

Sydnee: I feel weird if like— Yeah.

Justin: No, we're not— it's— I just think it's gonna be fun, you can come say hi.

Sydnee: Yeah, no it's community theater, we do not get paid for this.

Justin: Some folks came during *Charlie and the Chocolate Factory*, some folks came out and said hi.

Sydnee: Yeah.

Justin: We had some folks in from Columbus and North Carolina, and we're gonna be in this show and it's gonna be fun. So if you want a fun thing to do, just come to Huntington.

Sydnee: Yeah.

Justin: Why not?

Sydnee: And it—

Justin: It'll be fire, it'll be fun.

Sydnee: The money goes to our parks, so there you go.

Justin: There you go.

Sydnee: Support our parks.

Justin: Thank you to the Taxpayers for the use of their song "Medicines" as the intro and outro of our program, and thanks to you for listening, we really appreciate you.

[theme music fades in]

Justin: That's gonna do it for us. Until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[outro theme music plays]

[ukulele chord]

Maximum Fun.

A work-owned network...

Of artists-owned shows...

Supported directly by you.